Bath and North East Somerset, Swindon and Wiltshire Together

Health Inequalities
Bath and North East Somerset

January2023

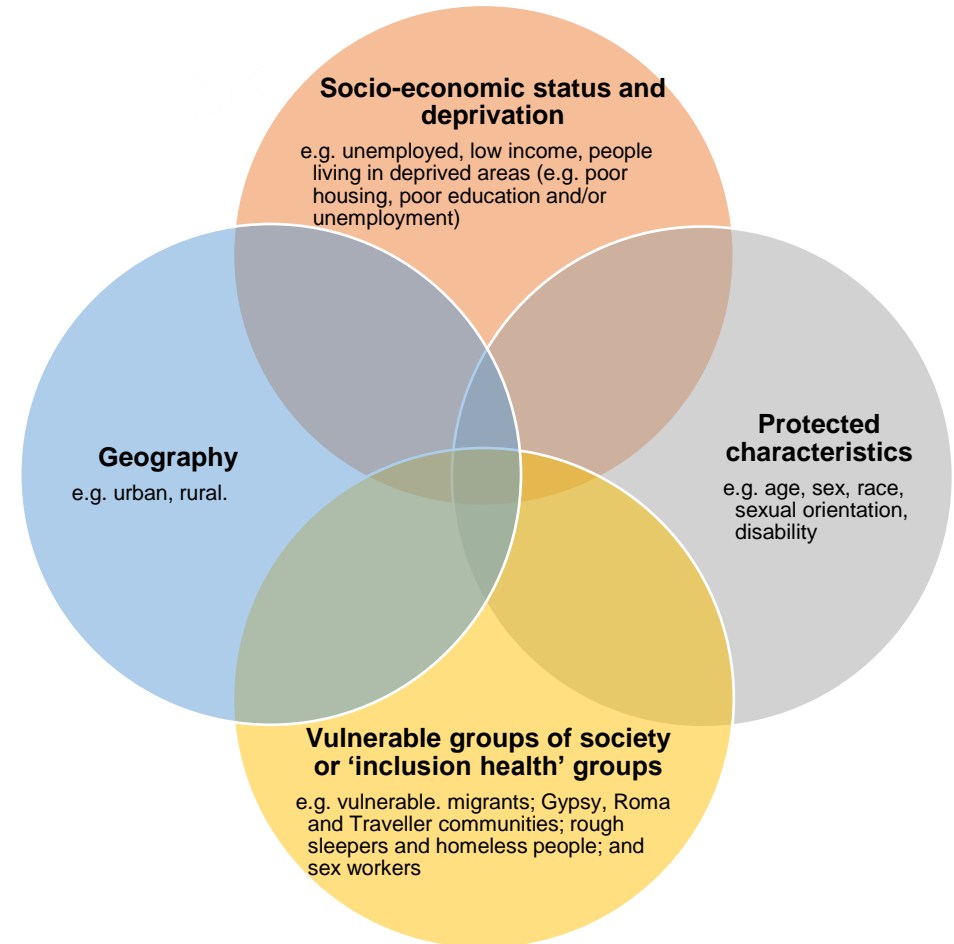# What are Health Inequalities?

Avoidable, **unfair** and **systematic differences** in health between different groups

- Differences in what?

  - **health status**, ie, life expectancy and prevalence of health conditions
  - **access to care**, ie, availability of treatments
  - **quality and experience of care**, ie, levels of patient satisfaction
  - **behavioural risks to health**, ie, smoking rates
 - **wider determinants of health**, ie, quality of housing.

Differences in who?

Socio-economic status and deprivation
e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment)

Geography
e.g. urban, rural.

Protected characteristics
e.g. age, sex, race, sexual orientation, disability

Vulnerable groups of society or 'inclusion health' groups
e.g. vulnerable. migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers

Wider determinants of health and intersectionality

- <u>Intersectionality</u> = multiple sources of inequality produce intersectional identities- **affected by a number of discriminations and disadvantages**

- For example: Deprived areas have on average nine times less access to green space, higher concentrations of fast food outlets and more limited availability of affordable healthy food.

- **Marmot Report published in 2010**: most people in England aren't living as long as the best off in society and spend longer in ill-health.

- 10 years on - inequalities in life expectancy have increased and the amount of time people spend in poor health has also increased across England since 2010.

- "We can only achieve meaningful change by working in partnership across the whole system and **making inequalities part of 'everybody's business'**"
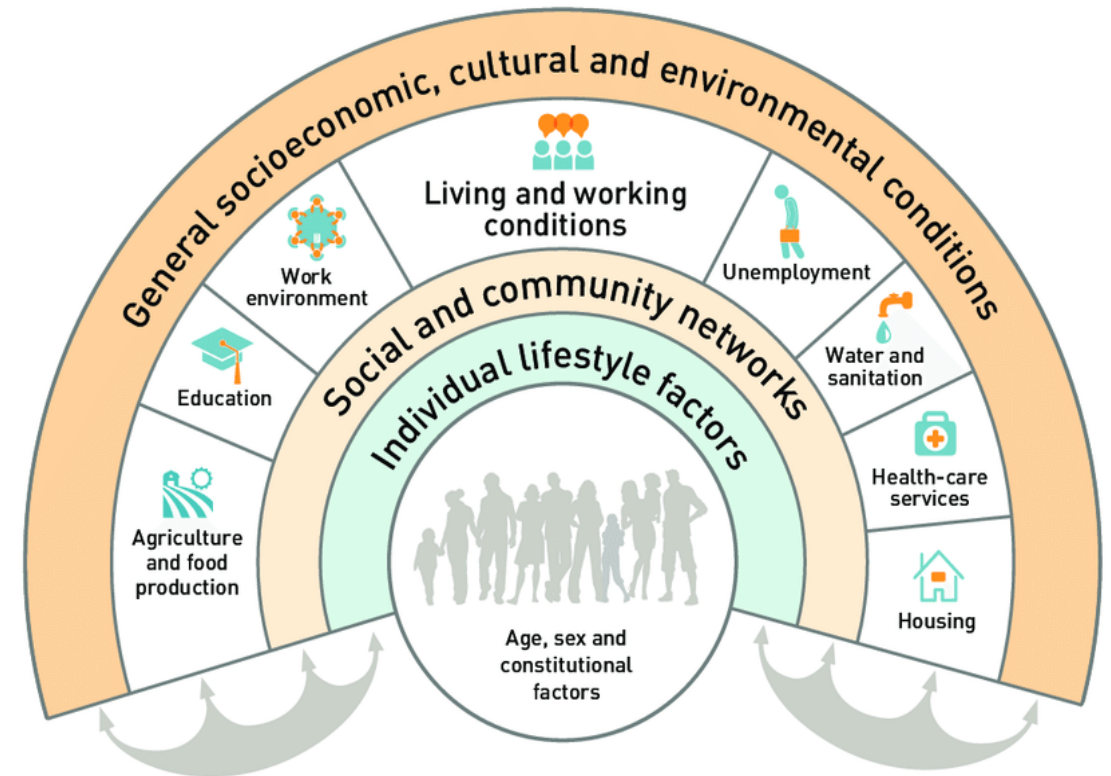
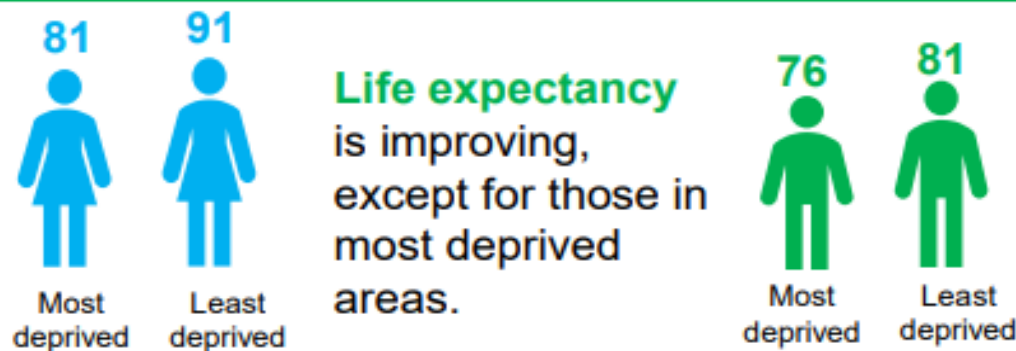Source: Dahlgren and Whitehead (2006) *(34)*.

Inequality

Despite overall low levels, we still see pockets of relative 'deprivation'…

B&NES is ranked **269** out of **317** Local Authorities in England for overall deprivation, making it one of the least deprived in the county…

But two areas are within the most deprived 10% nationally.

Twerton West

Whiteway

….and inequalities affect a wide range of local life outcomes.

81   91

Life expectancy is improving, except for those in most deprived areas.

Most deprived   Least deprived

76   81

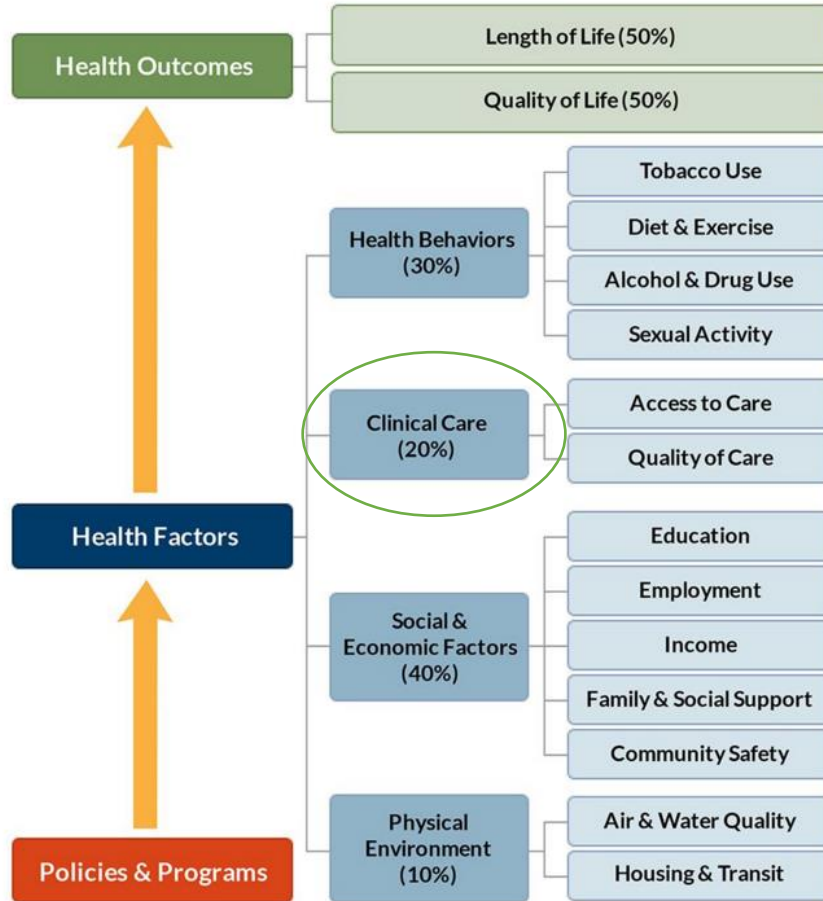Most deprived   Least deprived

Gaps in **education attainment** are present for the **Free School Meal** cohort and **Special Educational Needs & Disability** at all stages and between **boys** and **girls**.

Smoking is the **greatest risk** factor for **mortality** in B&NES.

1 in 4 workers in routine & manual occupations **smoke**.

Inequalities and healthcare

County Health Rankings model © 2014 UWPHI

- Healthcare contributes ~ 20% of overall health
- The NHS approach to reducing healthcare inequalities focuses on:

Equitable access

Excellent experience

Optimal outcomes

Purpose of an Integrated Care System

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare

- tackle inequalities in outcomes, experience and access

- enhance productivity and value for money

- support broader social and economic development.

'While we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do'
(NHS Long Term Plan)

REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

20%

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1

MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2

SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3

CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4

EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5

HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

One page summary

**_Phase 1_: Awareness Raising**

Phase 2: Healthcare Inequality

NHS Five Key Priorities
1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability

Core 20 Plus 5
- Core 20% of most deprived areas
- PLUS Groups (defined at place):
  - People from ethnic minority backgrounds (Swindon)
  - Routine and Manual workers, Gypsy, Roma and Boater communities (Wilts)
  - Socially excluded and vulnerable groups including looked after children and migrants (BANES)
- Five clinical areas
  - CVD
  - Maternity
  - Respiratory
  - Cancer
  - Mental Health (inc. CYP)
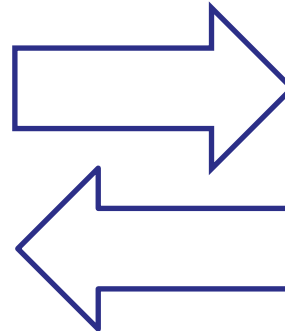
Phase 3: Prevention and social, economic, and environmental factors

Priority Areas:
- Anchor institutions
- Publish three place-based Joint Strategic Needs Assessments for BANES, Swindon, and Wiltshire
- Establish local priorities that address public health and the social, economic, and environmental factors most affecting inequalities at place
- Plan and enable progress on prevention where outcomes will take longer to see

Committed areas of focus
- Whole system approach to Obesity
- Whole system approach to Smoking

Cross-cutting themes: Population Health Management (PHM); Equality, Diversity, and Inclusion (EDI); Workforce; Prevention; Personalised care

BaNES Integrated Care Alliance Priority work areas and themes

BSW ICB Priorities
- Provide better joined-up care
- Enhance productivity and value for money
- Reduce health inequalities
- Help the NHS support broader social and economic development

Priorities
All priorities to be driven by working groups to develop and implement the plans

Themes

All themes to be prominent when delivering the priorities

Themes	Priorities
Children and Young People	**Workforce (or people and culture)**
Learning Disabilities & Autism	**Improve population health and reduce health inequalities***
Mental health	**Design and implement integrated neighbourhood teams**
Access to appropriate care & support	**Redesign community services***
Safeguarding	
Prevention and addressing health inequalities	* Task and finish/working groups already in place

Community Wellbeing Hub
Our delivery model – Hub and Spoke (Pod)

Community Wellbeing Hub
Bath and North East Somerset

Asset based community development

CWH has a common approach to support people in BANES to take control of their lives by building resilience and improving their wellbeing

Community Wellbeing Hub

Personalised care and support

Integrating local teams

Digital solution

Delivering a number of the core components of the BSW Model of Care

Triage

No wrong door

Riviam referral system

20+ Pods provide the most appropriate support to meet needs

Complex needs

| Employment, Housing, Money and Finance | Mental Health and maintaining independence | Living well, lifestyle and Wellbeing |

Weekly CWH MDT

Shared core vision supported by 15 HUB partners

Better outcomes